



## CERTIFICATE OF MAILING

RCE/2706  
✓

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

on 10.09.03

Gloria Simmons  
Gloria Simmons

RECEIVED  
OCT 17 2003  
Technology Center 2600

In Re Application of:

Henderson

Serial No.: 09/407,149

Filed: September 28, 1999

Confirmation No.: 2375

Group Art Unit: 2684

Examiner: Lele, Tammy S.

Docket No.: 050324-1210

For: **Local Area Internet Receiver/Transmitter**

The following is a list of documents enclosed:

- Return Postcard
- Request for Continued Examination
- Amendment Transmittal Form
- Response to Fifth Office Action
- Credit Card Authorization Form in the amount of \$770.00 for filing fee(s)

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

**AMENDMENT TRANSMITTAL LETTER (LARGE)**Applicant(s): **Henderson**

Docket No.

**050324-1210**Serial No.  
**09/407,149**Filing Date  
**September 28, 1999**Examiner  
**Dele, Tammy S.**Confirmation No.  
**2375**Group Art Unit  
**2684**Invention: **Local Area Internet Radio Receiver/Transmitter****Commissioner for Patents  
Mail Stop RCE  
P.O. Box 1450  
Alexandria VA 22313-1450****RECEIVED****OCT 17 2003****Technology Center 2000**

Transmitted herewith is Response to Fifth Office Action in the above-identified application.

The fee has been calculated and is transmitted as shown below

**CLAIMS AS AMENDED**

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	20 -	24 =	0	X \$18.00	\$ 0.00
INDEP. CLAIMS	3 -	3 =	0	X \$86.00	\$ 0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$145.00	\$ 0.00
EXTENSION FEE	1 <sup>ST</sup> MONTH <input type="checkbox"/> 55.00	2 <sup>ND</sup> MONTH <input type="checkbox"/> 210.00	3 <sup>RD</sup> MONTH <input type="checkbox"/> 475.00	4 <sup>TH</sup> MONTH <input type="checkbox"/> 740.00	\$ 0.00
Other Fees:					\$770.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$770.00

- ☐ No additional fee is required for the type of document.
- ☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_.
- ☐ A check in the amount of \_\_\_\_\_ to cover the filing fee is enclosed. A duplicate copy of this page is enclosed.
- ☒ A Credit Card Payment Form PTO-2038 is attached in the amount of \$770.00.
- ☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0770. A duplicate copy of this page is enclosed.

  
Charles W. Griggers, Reg. No. 47,28310-9-03

Date